**Section 280.4030 Hospice Residence Nursing Care and Assistance in Activities of Daily Living**

a) Through the hospice care team, the hospice shall be responsible for preparing, revising, documenting and implementing a single individual care plan for each patient.

b) Nursing care and assistance with activities of daily living shall be provided to each patient to meet the total care needs of the patient as determined by the care plan.

c) The hospice shall provide a sufficient number of properly trained and supervised staff to meet the needs of each patient. At least two staff, one of whom is a nurse, must be on duty when patients are present. If one of the staff is not a registered nurse, a registered nurse must be on call.

d) Assistance with activities of daily living shall include, but not be limited to, the following:

1) Each patient shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the attending physician.

2) Each patient shall have at least one complete bath and hair wash weekly, if physically able to tolerate, and as many additional baths and hair washes as necessary for satisfactory personal hygiene and comfort.

3) Each patient shall have clean, suitable clothing in order to be comfortable, sanitary, and free of odors.

4) Each patient shall have clean bed linens at least twice weekly and more often as necessary.

e) Patients shall be encouraged to administer their own medications. If a patient or family member cannot administer the medications, administration shall be by licensed medical or licensed nursing personnel in accordance with their respective licensing requirements.

f) Facilities shall develop and adhere to written medication policies and procedures addressing the procurement, storage, dispensing, administration and disposal of medications in compliance with federal, State and local regulations and the following:

1) A statement of who will administer medications, how the staff will supervise self-administration of medications, whether medications will be self-administered or a combination of staff and self-administration.

2) How the distribution and storage of medications will be handled.

3) If the facility has both staff-administered and family- or self-administered medications, the care plan shall specify who will determine which system each patient will use.

4) Procedures for recording medications that patients are taking.

5) Procedures for storage of prescription and nonprescription medications.

6) Method for refrigeration of biologicals.

7) Procedures for labeling medications.

g) Physicians' Orders & Telephone Orders

1) All medications shall be ordered by the attending physician. The order shall have the handwritten signature of the attending physician. The order shall contain the name of the drug, dose, route and frequency.

2) Telephone orders may be taken by a nurse. All such orders shall be immediately written in the client's medical plan of care record or a "telephone order form" and signed by the nurse taking the order. These orders shall be countersigned by the physician within 30 working days.

3) Physicians' orders may be faxed.

h) All medications to be released to the patient or to the person responsible for the patient's care at the time of discharge, or when the patient is going to be temporarily out of the facility at medication time, shall be approved by the physician. A notation concerning their disposition shall be made in the patient's medical plan of care.

i) All Schedule II controlled substances shall be stored so that two separate locks using two different keys must be unlocked to obtain these substances. This may be accomplished by several methods, such as a locked cabinet within a locked medicine room; separately locked, securely fastened boxes (or drawers) within a locked medicine cabinet; locked portable medication carts that are stored in a locked medicine room when not in use; portable medication carts containing a separate locked area within the locked medication cart when such a cart is made immobile; or securely fastened boxes (or drawers) within a locked cabinet in the patient's room.

j) For all Schedule II substances, a controlled substance record shall be maintained that lists on separate sheets, for each type and strength of Schedule II substance, the following information: date, time administered, name of client, dose, physician's name, signature of person administering dose and number of doses remaining.

k) Discontinued medications and medications of patients who have been discharged or who have died shall be disposed of in accordance with written policies and procedures. Medications for patients who have been temporarily transferred to home or hospital shall be kept in the facility until such time as the patient dies or is discharged from the facility. All expired medications shall be disposed of in accordance with written policies and procedures.

l) Medications for each patient shall be kept and stored in the containers in which they were originally received. Medications shall not be transferred between containers, except that a licensed nurse may remove medications from original containers and place them in other containers to be sent with the patient when the patient will be out of the facility at the time of scheduled administration of medications.

m) Medications prescribed for one patient shall not be administered to another patient.

n) If for any reason the attending physician's medication order cannot be followed, the attending physician shall be notified as soon as it is reasonable, depending upon the situation, and a notification made in the patient's plan of care.

o) Medication errors and drug reactions shall immediately be reported to the patient's attending physician. An entry thereof shall be made in the patient's medical record, and the error or reaction shall also be described in a separate report.

p) Patients for whom the attending physician has given permission to be totally responsible for their own medication shall maintain possession of the key or combination of the lock to their own medication storage area. A duplicate key or a copy of the combination shall be kept by the facility in a secure place, for emergency use.

(Source: Amended at 32 Ill. Reg. 2330, effective January 23, 2008)